

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Clifton C. Halsey

16CV9126

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

(NYC DOC) Department of Correction
(NYC HHC) Health Hospital Corp.
CITY OF New York

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

RECEIVED
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S.D. OF N.Y.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other:

Civil Rights / Human Rights

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

CLifton

First Name

C

Middle Initial

HALsey

Last Name

N/A

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

8251600789 / 8 South

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Manhattan Detention Center

Current Place of Detention

125

White Street

Institutional Address

New York

County, City

N.Y.

State

10007

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other:

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: →

#1

New YORK City Dept. of Corrections
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 2: →

#2

NYC Health and Hospital Corporation
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 3: →

#3

CITY OF New YORK
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 4:

County, City State Zip Code
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: BKDC / 275 Atlantic Ave Bklyn, N.Y. 11201

Date(s) of occurrence: 8/11/2016 / 8th floor Stairs

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON 8/11/16 @ 8:45 pm I was going to make a phone call on the 8th floor @ the BKDC. As I walked attempted to walk down the stairs, I slipped down the flight of stairs. There were no warning markers stating that the steps were wet, from being mopped just (2) two minutes earlier. I injured my neck, back, head, elbow and hip. I was left laying @ the bottom of the steps for (2) Two hours before the health and Hospital Corporation responded and mis-diagnosed my injuries. The department of Corrections in conjunction with the City of New York did not provide reasonable notification that the stair case was still wet. I was knocked unconscious for (20) twenty minutes according to (1) one of the witnesses. DR. Shpitz and LPN Stewart did not document

MY true injuries, OR MY True Responses. I Seek Justice, So that this will not happen to other inmates. I am in need of severe medical attention, of which I am not receiving. I suffer from Constant Pain and Discomfort. Please help me.

Thank you.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I Suffered an injured Cervical Vertebrae, for which I am Receiving physical therapy and ~~massage~~, Back and lower hip therapy (5) five different pain medications and arm and Shoulder Slings. and treatment for my busted elbow. I require Surgery

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I wish for future Medical expenses To be provided for and the Amount of \$ 1,250,000.00

(one Million two Hundred and fifty thousand Dollars.)

for my Severe Pain And Suffering Current and Chronic. I require and seek surgery to repair my neck.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

10/18/2016
 Dated CLIFTON C. Clyton Halsey
 Plaintiff's Signature
HAISEY
 First Name Middle Initial Last Name
 Prison Address MDC 125 White Street 10007 8/South
New York N.Y. 10007
 County, City State Zip Code
 (Manhattan Detention Center) 8251600789

Date on which I am delivering this complaint to prison authorities for mailing: 11/1/2016

Halsey
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rk, N.Y. 10007
0789 / 8 South

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U.S. POST OFFICE



Clerk's office *Ree*

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United States District Court
Southern District of New York
500 Pearl Street
1000731330 0014
New York, N.Y. 10007